



P A T E N T

UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Jeff A. Krolik et al.

Serial No.: 10/684,942

Examiner: Unknown

Filing Date: October 14, 2003

Group Art Unit: Unknown

For: SYSTEMS AND METHODS FOR VASCULAR FILTER RETRIEVAL

Docket No.: 1001.1503102

PRELIMINARY AMENDMENT IN ACCORDANCE WITH 37 C.F.R. § 1.115

Mail Stop Amendment

Commissioner For Patents

PO Box 1450

Alexandria, VA 22313-1450

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV315609555US, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on this 7 day of November, 2003.

By JoAnn Lindman
JoAnn Lindman

Dear Sir or Madame:

Prior to the examination of the above-referenced application, please enter the following amendments in accordance with 37 C.F.R. § 1.115.

Amendments to the Specification begin on page 2 of this paper.

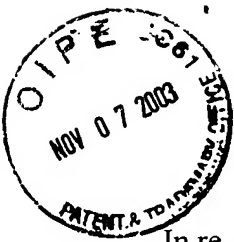
Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks begin on page 10 of this paper.

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02 FC:1201

288.00 OP
258.00 OP



11-10-03

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TRANSMITTAL SHEET

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV315609555US, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on this 7 day of November, 2003.

By JoAnn Lindman
JoAnn Lindman

We are transmitting herewith the attached:

☒ Preliminary Amendment☒ The fee has been calculated as shown:

CLAIMS AS AMENDED							
	(3)	(4)	(5)	SMALL ENTITY		OTHER	
	REMAINING CLAIMS	HIGHEST PAID	EXTRA	RATE	ADD'L FEE	RATE	ADD'L FEE
TOTAL CLAIMS	36-	20=	16	x9=	\$	x18=	\$ 288
INDEPEN- DENT CLAIMS	6-	3=	3	x43=	\$	x86=	\$ 258
() FIRST MULTIPLE DEPENDENT CLAIM				+145=	\$	+290=	\$
TOTAL				\$		\$546	

☒ A check in the amount of \$ 546.00 is enclosed.

☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by verified statement previously submitted.

☒ Postcard Receipt.

☒ Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: 

Glenn M. Seager, Reg. No. 36,926

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